CAMHD Newsletter
Volume 2, Issue 4
March 2006

Happy Children, Healthy Families, Helpful Communities"

CAMHD Newsletter
Child and Adolescent Mental Health Division, Hawai'i State Department of Health

A System of Care for Children's Mental Health: Expanding the Research Base

L-R: T. Orvin Fillman, Debbie Roberts, Lesley Slavin,, Chuck Mueller (UH), Teru Morton, Mary Brogan, Brad Nakamura

Mary Brogan, Orvin Fillman, Brad Nakamura, Debbie Roberts, Dr. Lesley Slavin and Chuck Mueller (UH) presented at the 19th annual RTC conference held February 22 – 24, in Tampa, Florida and sponsored by the Research and Training Center (RTC) for Children's Mental Health, Department of Child & Family Studies of the University of Florida.

The conference drew a network of researchers, evaluators, administrators, policy makers, practitioners, advocates and family members from across the country together to discuss new strategies for applied systems of care, current research and its findings and what work is currently in progress. Conference participants shared information on what it takes to improve the provision of services to all youth with serious or behavioral problems and their families.

The mission of the RTC has been to "*increase the effectiveness of service systems by strengthening the empirical base for such systems em-*

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Inside this issue:

Where flowers bloom so does hope.
- Lady Bird Johnson

WELCOME ON BOARD

CAROL MATSUOKA
PROJECT HO'OMOHALA
TRANSITION TO ADULTHOOD

Please join CAMHD and the Center on Disability Studies of the University of Hawaii in welcoming Carol Matsuoka as the Project Director of Project Ho'omohala, which means "evolving towards maturity" in Hawaiian. Project Ho'omohala is a newly funded System of Care Community under the National Comprehensive Community Mental Health Services Program for Children and Their Families. Carol will oversee the development of a comprehensive strategic plan for the Project and help develop and implement the Project around the Transition to Independence Process (TIP) in the Kalihi-Palama community.

Transition to adulthood is an especially problematic time for those youth with emotional and/or behavioral challenges, in particular, those who have been served by foster care, juvenile justice, or special education systems. Project Ho'omohala seeks to assess, develop, evaluate and sustain a seamless system of care to meet transitional needs of youth ages 15-21 in KP community through a comprehensive array of services and supports, peer mentoring and targeted policy and system activities.

Carol is known to many who've worked with CAMHD in past years. She was with CAMHD from 1998 to 2003. In recent years, Carol has worked for the Department of Health in developing and implementing community-based initiatives designed to manage and control chronic diseases.

Welcome On Board to Madeleine Hiraga-Nuccio, new Branch Chief of the Kauai Family Guidance Center. Madeleine replaces Sharon Tomas who retired in June 2005. Dr. Melissa Sinkus, Clinical Director at the Kauai FGC served as the interim Branch Chief until the hire of Madeleine.

Madeleine has been a Mental Health Supervisor with the Mokihana Project for the past 5 years on the DOE side. Before that, she worked as a DOH CAMHD social worker for the Mokihana Project at Kauai Schools. She also spent a year and a half working with Hale Opio Kauai in their therapeutic foster program.

Madeleine moved to Kauai in 1998, arriving from California where she was born and raised. She is an LCSW who worked in the criminal juvenile justice system for many years, moving from line staff to program manager positions. Madeleine also spent five years as executive director of a community health clinic serving low income. Minority patients. This is where she first learned the basics of managed health care.

Madeleine is fluent in Spanish having spent some of her growing up years in Bolivia . She enjoys playing golf and refereeing youth soccer.

We look forward to working with her and benefiting from her experience and leadership.

Share Your News

Please share your stories of success, special events, trainings, and any other noteworthy activities that others may want to hear about. Call Ku'ulei Wilton, Provider Relations Liaison at 733-9857 or email her at hkwilton@camhmis.health.state.hi.us.

CAMHD FACTS and Figures by Eric Daleiden

Almost everybody involved with CAMHD touches some aspect of the performance monitoring and evaluation effort. For example, youth and families complete enrollment forms, questionnaires, and service plans. Family advocates record referrals, attend meetings and trainings, and participate in quality reviews. Providers collaborate in extensive quality monitoring, prepare monthly treatment and progress summaries, and process billing and payment. State employees administer assessments, track performance measures, authorize services, and process payments. At some point, most of us are also asked to complete one of CAMHD's routine surveys, such as the consumer survey, provider survey, or employee survey.

All of this results in mountains of data that are regularly sorted and sifted. Many different analyses and reports are routinely completed, some of which are available for review from the resource library of the CAMHD website (http://www.hawaii.gov/health/mental-health/camhd/resources/index.html).

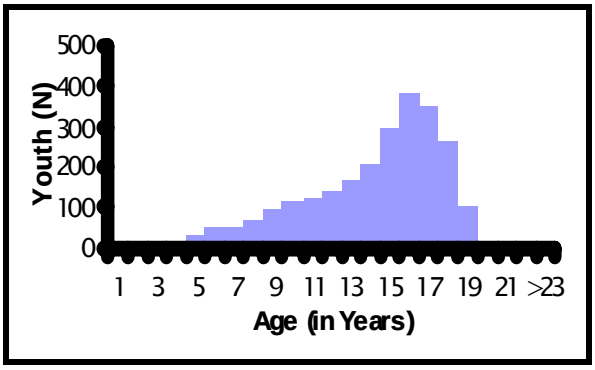
Once a year, the research and evaluation section tries to take a step back and review the previous year to understand who was served, what services were provided, and whether the intended outcomes of better functioning and fewer service needs were achieved for youth and families. A full technical report of the annual evaluation is available on the CAMHD website. This column provides a brief summary of the characteristics of the youth and families participating with CAMHD during fiscal year 2005.

The Changing Face of the CAMHD Population

Over the past five years, the volume and characteristics of youth and families served by CAMHD has changed quite dramatically. The reorganization of CAMHD from a comprehensive mental health service system to a more narrow intensive mental health service system dramatically reduced the size of the CAMHD population. CAMHD touched the lives of nearly 14,000 youth and families in 2001. Following the transition to school-based behavioral health services, the number of youth and families served by CAMHD has stabilized at approximately 2,500 for the past three years (N = 2,462 in 2005).

Age

The bulk of youth served by CAMHD are adolescents, but children from age 3 years and up are served. The average age of youth has remained around 14 years since



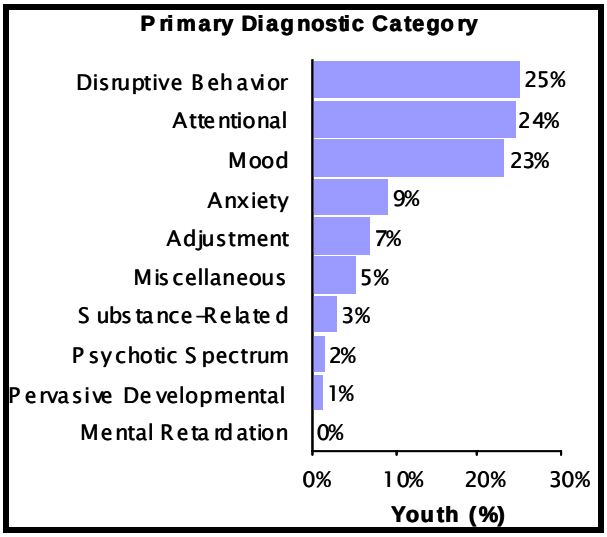
2003.

Gender

The majority of youth registered with CAMHD are males (65% in 2005). However, the proportion of females has increased (35% in 2005 compared to 30% in 2001) over the years.

Mental Health Problems

The most common primary diagnostic problems experienced by youth registered with CAMHD are disruptive behavior, attentional, and mood disorders. These have



been the three most common problems for the past five years. The most notable change in diagnoses is that the proportion of youth with multiple (comorbid) problems has steadily increased so that approximately 3 out of every 4 youth have multiple diagnoses.

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A System of Care for Children's Mental Health: Expanding the Research Base

(Continued from page 1)

pirical base for such systems through research and dissemination to key audiences". The RTC expanded this mission with "*an integrated research, training, and dissemination program that is aimed specifically at implementation issues for developing effective systems of care*".

The RTC conference annually serves as a nationally recognized forum that explores contemporary, empirical research on systems of care.

Tampa Marriott Waterside, conference site

The state of Hawaii participated in this forum with presentations on Hawaii's system of care by several of CAMHD's and a University of Hawaii staff. The presentations included:

- *Family Choice in Hawaii* by Mary Brogan
- *Health Agencies to Improve Residential Care and Eliminate Seclusion and Restraint* by Lesley Slavin
- *Validity of Target Progress Ratings as Indicators of Youth Improvement* by Brad Nakamura and Chuck Mueller (UH)
- *Multi-level Systems Evaluation: Selected Projects from Hawaii* by Chuck Mueller (UH); *Cost-quality Efficiencies: An Illustration of Data Envelopement Analysis for Mental Health Delivery,* by T. Orvin Fillman
- *Intensive Home and Community Services: Status of Twelve Month Follow-up* by Deborah Roberts

The conference challenged its participants to not only look at immediate need for changes in their communities but also possible long term changes to ensure the healthy development of social, emotional, physical, cognitive and spiritual components in their lives.

RTC Director, Robert Friedman, summed up this challenge by saying "*As we apply our most creative and passionate energies to dealing with pressing immediate issues, it is easy for us to forget the long-term picture. Unless we are able to focus on the long-term changes that need to be made, and on strategies for achieving them, then whatever gains we make are likely to be short-lived.*"

An integrated summary of the conference through participant feedback, reactions and recommendations concluded that what was most important to all groups were:

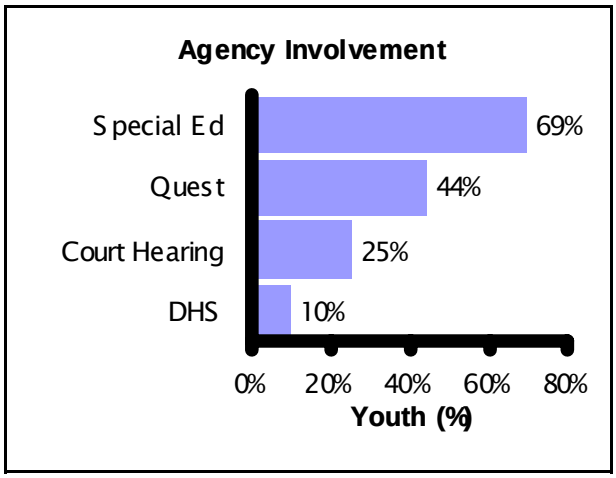
- make children's mental health a national priority;
- have new/improved financing models;
- improve the workforce;
- ensure services are family driven and youth guided; and,
- advance the science.

"*Together we can bring about great change. Particularly now as system of care values and principles become accepted in communities and across service sectors around the country, the time is right for us to provide leadership that will serve us well tomorrow, even more so than today.*" RTC

CAMHD Facts & Figures, (continued from page 3)

Agency Involvement

The majority of youth registered with CAMHD are involved with special education (69% in 2005), but over the years CAMHD is serving relatively fewer youth involved with special education. In comparison, 91% of youth were involved with special education in 2003. On the other hand, CAMHD is serving a large proportion of youth with QUEST (Medicaid) health insurance through the Support for Emotional and Behavioral Development (SEBD) program (44% in 2005 compared to 23% in 2003). Youth may involved with multiple agencies, so these percentages add to more than 100%.



Noteworthy!!!

The Maui Youth and Family was awarded a certificate of Appreciation from the Community Children's Council of Maui in February, 2006 for their outstanding contributions to help strengthen families and developing partnerships. The Council also expressed their appreciation for the agency's dedicated participation and support in the planning and development of Maui's local system of care.

US Senator Dan Inouye has agreed to become an ambassador for the recruitment of adults to become foster parents in **Hale 'Opio Kauai's** *"A Child Needs You"* campaign. He has long been a supporter of the work of the professionals and volunteers in Hale 'Opio's programs for youth on Kauai. Senator Inouye will help to bring awareness to the community of the need for more foster parents.

Hale 'Opio's Professional Parent Program provides homes and skilled professional parents for youth who are unable to stay in their homes and require treatment services. There is a critical need on Kauai for new professional parents and having the Senator assist their efforts to find more loving and nurturing homes is greatly appreciated.

National Children's Mental Health Awareness Day

The Substance Abuse and Mental Health Services Administration (SAMHSA) will launch its first ever **National Children's Mental Health Awareness Day** on May 8, 2006. The mental health communities nationwide have celebrated May as the **Mental Health Month** and conducted public awareness activities during the month of May for more than 50 years running. May 8th will be a day for SAMHSA, communities around the country and partner organizations to draw attention to the issue of children's mental health. This year states will join in promoting the resilience, recovery, and the transformation of mental health services delivery for children and youth with serious mental health needs and their families.

The goals of National Children's Mental Health Awareness Day are threefold: 1) to raise the awareness of children's mental health issues; 2) to demonstrate how CMHS-funded communities promote recovery and resilience; and 3) to show how CMHS-funded communities are an effective strategy for transforming the children's mental health service delivery systems across the country.

CAMHD is working with Hawaii Families as Allies to raise awareness of children's mental health issues.

PROVIDER PARTICIPATION ON CAMHD STANDING COMMITTEES

The systems and processes in place at CAMHD are supported by eleven (11) core committees in which client care, service, and systems issues are discussed and reviewed for resolution and possible improvement to the CAMHD processes and structure. These committees include the Credentialing, Compliance, Evidence-based Services, Grievance and Appeals, Information Systems Design, Professional Activities Review, Performance Improvement Steering, Policy and Procedures, Safety/Risk Management, Training and Utilization Management committees. Providers and family resources participate in the following core committees:

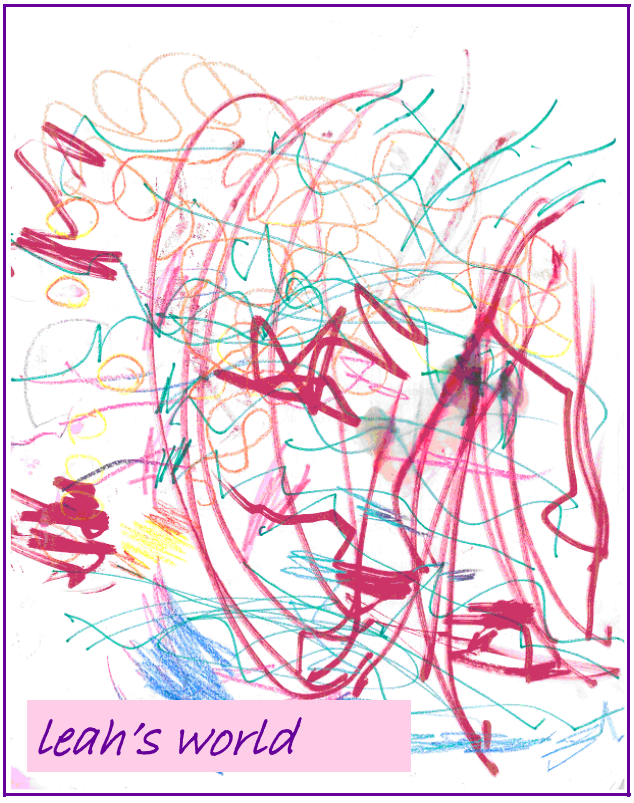
The **Training Committee** which serves to facilitate practice development, professional development, and the dissemination of strategic knowledge for CAMHD staff and relevant stakeholders. The Committee's responsibilities include the reviewing materials for proposed training to be offered by CAMHD staff or by CAMHD contracted providers, planning and prioritizing training needs, implementing trainings and evaluating trainings. Currently provider agencies with representatives serving on this committee include the Institute for Family Enrichment, Child and Family Services, Hale Opio Kauai, and Hale Naau Pono.

The **Policies and Procedures Committee** oversees the development, approval and ongoing review of CAMHD policies and procedures (P&P). Providers do not attend all meetings of this committee but are involved by email to discuss any applicable policies that directly affect the provider network. Through email communications CAMHD policies affecting providers are reviewed by all agencies that may respond with comments and recommendations.

The **Performance and Improvement Steering Committee (PISC)** is a quality performance and improvement committee. The function of PISC is to oversee the Quality Assurance and Improvement Program (QAIP) plan. PISC has oversight of quality-related data and performance measures that are presented to the committee for analysis, identification of areas for improvement and the development and creation of appropriate action plans. It also has oversight of data including utilization review, sentinel events, complaints and appeals, monitoring, caseloads and vacancies, access, and training. PISC include provider representation from Marimed, Catholic Charities, the Institute for Family Enrichment, Alaka'i Na Keiki and Hale Kipa.

The purpose of the **Utilization Management Committee** is to review all Utilization Management (UM) data and make recommendations for change in UM guidelines or strategies. It also examines patterns and trends of service delivery to identify and discourage prolonged utilization of ineffectual services, overly restrictive services, and the use of non-evidence based interventions. Provider representations include Benchmark, Maui Youth and Family Service and Hale Kipa.

The **Evidence-Based Services (EBS**) consisting of CAMHD leadership, academia, providers and families meet to review and evaluate relevant research to inform service delivery and practice development with CAMHD. The committee makes recommendations to guide the practice of evidence-based services. TIFFE, CFS, Hale Naau Pono, Catholic Charities and Hale Kipa provide representatives on this committee.



Network News

QUEEN's FAMILY TREATMENT CENTER (Reprinted with permission from the Queen's Family Treatment Center)

You've heard of sensory overload, but have you heard of using one or more of the five senses to kick emotions down a notch or two? That's what the staff at Queen's Family Treatment Center (FTC) has been doing with amazing success. Established in 1998, the FTC provides specialized mental health care for children and adolescents with emotional and behavioral disorders.

Back in January 2005, the FTC staff made a commitment to decrease the need to use seclusion and restraints among its patient population. Since using "sensory integrated treatment," the number of incidents has gone from a high of 52 in January 2005 to zero by November after dramatic declines. There were just two incidents in December and zero for January and February 2006. Because of the success of the therapy, the FTC has dedicated two permanent sensory rooms for their patients—one for children ages 5 to 11, and one for adolescents ages 12 to 18.

Sensory integrated treatment involves allowing a patient to experiment with various sensory stimuli to gain self control by learning individualized self soothing and coping skills before a crisis occurs. "It teaches [the children] that anything can be used to divert their aggression," said Rodney Aquino, RN. The use of recorded music and aquariums are obvious choices, but the FTC has also made available musical instruments, including a guitar and a rain stick, glider rockers, bean bag chairs, foot massagers, stress balls, scented artificial candles, patchwork carpet (with different textures and colors), art supplies, lava lamps, scented lotions, a warm rice-filled sock and even a strobe. A weighted blanket, used for tactile deep pressure, is on order. Calming methods are not limited to the items in the Sensory Rooms. Other calming activities include a leisurely walk, humming quietly, deep breathing or a hot shower. Patients are given a 1 to 10 scale to help them find the techniques that work best for them. "Nothing [we use] is high tech," OT Justin Mullen pointed out. "Everything can be replicated on the outside."

With the two dedicated rooms, all of the sensory items can now be in one place for each of the age groups. These are not just plain rooms, however. Each has been artfully painted and decorated. Called the "Space Room," the childrens' room is black, with stars, comets and planets painted by Queen's volunteer Blendine Hawkins. An aspiring clinical psychologist,

Blendine makes no claim to being an artist, but FTC staff say otherwise. Gaining valuable experience for her future career, she does arts and crafts with the FTC children. "This place inspires me," says Blendine of her fairly newfound love of art. "The kids are really into art." One wall features floor to ceiling wallpaper of the earth as seen from the moon.

The adolescents' room, or the "Green Room," is decorated with a tabletop water fountain, mini Zen garden, and photographs by librarian Laura Gerwitz of the Hawaii Medical Library set against the soothing, mint green walls. The room also features plants and a wall-sized photo of a mossy stream.

The room decorations and sensory items were coordinated by Justin and recreational therapist Lisa Minchew, but it was a collaborative effort—everyone in the unit put a lot of work into the project. OTs from other units also contributed their expertise. On visiting the FTC, one has a clear impression that the staff have a sense of what's best for the kids.

Great News from the team at The Queens Family Treat Center...ZERO seclusion and restraints for the entire first quarter!!!!! Congratulations QFTC and the entire Queens Medical Center for supporting trauma-informed/non-coercive care in our Hawaii health and healing centers!!!

Network News

BBB Torch Award Catholic Charities

CAMHD is pleased to share the good news that one of our current providers, Catholic Charities Hawaii is the winner of the 2006 Better Business Bureau Torch Award for Business Ethics in the Large Non-profit Category (100+ employees)!

This is the first time the BBB is giving an award for the non-profit category. The Hawaii BBB annually recognizes businesses for their business. The selection process involves the screening on entries by an independent selection committee which uses the following criteria in making their selection: high ethical standards in business practices, integrity in business service performance, advocacy of truth in advertising, commitment to community service, and ability to raise industry standards. Catholic Charities is the very first recipient in the Large Non-profit Category.

Congratulations to Jerry Rauckhorst and the Catholic Charities Hawaii Ohana.

"In the arena of human life the honors and rewards fall to those who show their good qualities in action." --Aristotle

Improvement in Substance Abuse Treatment

From the Monthly Treatment and Progress Summary reports submitted by providers, we get the rate of youth with substance abuse diagnoses who received substance abuse treatment. Our initial performance goal for this important measure was 60%.

For July 2003 – February 2004, the result was only 47%. So we wrote providers and reminded them about documenting substance abuse treatment. Since then we have seen an improvement at every measurement point.

For March –August 2004, the result improved to 55%. For September 2004 – April 2005 we improved to 58%. For May – November 2005, the result was 63%. For the first time, we met our initial goal for this measure!

Mahalo to all the providers who are providing substance abuse treatment to our dual diagnosed youth, who are indicating this treatment on the Monthly Treatment and Progress Summary and who continue to partner with us in providing services to our youth.

Community-Based Residential (CBR) and Therapeutic Group Home (TGH) Lengths of Stay

The "Green Book" or Interagency Performance Standards and Practice Guidelines has a threshold for an expected maximum length of stay in each out-of-home level of care. When a youth has reached this threshold, a more intensive internal review is triggered at the Family Guidance Center level. For the CBR and TFH levels of care, this threshold is set at 155 days.

CAMHD has completed the Length of Stay data report for Fiscal Year 2005. For CBR level of care, the average length of stay for all contracted CBR's was 170 days. This overall average is 15 days longer than the 155 days threshold.

For the TGH level of care, the average length of stay for all contracted TGH's was 178 days. This overall average is 23 days longer than the 155 day threshold.

Each CBR and TGH provider was sent a letter informing them of their specific length of stay and the overall CBR or TFH average length of stay.

Mahalo Nui to the providers who worked hard to provide quality services to our youth in accordance with CASSP principles for youth to receive services in the least restrictive, most natural environment that is appropriate to individual needs.

Staying in the Clinical Ballpark While Running the Evidence Bases

Chorpita BF, Viesselman John O: Journal of American Academy of Child and Adolescent Psychiatry, 1193-1197, November 2005.

Abstract by John O. Viesselmann, CAMHD Medical Director

Dr. Chorpita and I collaborated on this article about how we in CAMHD use evidence based approaches in approaching clinical problems. We use a complicated case based on the type of cases we typically encounter at family guidance centers. We discuss how despite the case meeting many of our blue menu predefined categories we still utilize an evidence-based approach.

In our example, we specify the case of a real 16-year-old girl with multiple conditions that could contribute to her current problems. She has medical, posttraumatic, drug, depressive, and conduct disorder symptoms. We then discuss the multiple lines of evidence that can be consulted when making therapeutic decisions.

We start by defining "efficacy" and "effectiveness." Efficacy represents results found for treatments conducted in "laboratory" settings. Effectiveness represents results found for treatments in "real world" settings.

"Efficacy" findings may or may not be applicable to a clinical population since often therapy studies often eliminate youth with multiple conditions. "Effectiveness" findings would be applicable since they include "real world" cases with multiple conditions. Most studies in our evidence base are "efficacy" studies since they are usually conducted in academic settings. However, we believe that since evidence based therapies are carefully and scientifically studied, it is better to try those first than something based on opinion.

First, we recommend using a best practices approach and the use of evidence based treatments that had proven "efficacy" and "effectiveness" if at all possible. The idea is to try youth with what has the best "efficacy" results first before moving to other things. This gives the youth the best shot at an effective treatment that we have scientific evidence to support. We use MST in this example and the condition we focus on is Conduct Disorder. We emphasize the importance of measurement and evaluating outcomes.

We recommend that if national studies are not helpful we can use local evidence. At CAMHD we collect data on outcome for local youth, so we have data on how well local youth respond to MST. The advantage is that local data shows how local youth respond to this evidence based treatment. It should be free of biases due to cultural and regional differences between our youth and mainland youth. The disadvantage is that it is not scientifically controlled evidence. In the example case, the local evidence matched the controlled evidence so MST is still a good pick.

Finally, we emphasize that since we monitor youth regularly, employ measurement, and focus on outcomes, we can use the youth's own data in an individual case experimental design. We can see how the youth responds to treatment in a systematic way and use this "individual evidence" as a basis for further treatment.

Congratulations Dr. Martin Hirsch
CAMHD Employee of the Quarter!

Hui Holomua of CAMHD was happy to announce that the recipient of the CAMHD Employee of the Quarter (2nd Quarter) was Dr. Martin Hirsch. Dr. Hirsch is the Clinical Director at the Diamond Head Family Guidance Center.

Some of Dr. Hirsch's contributions to CAMHD are summarized from quotes on the nomination:

"At the Hawaii Family Guidance Center, our West Hawaii Clinical Director position has been vacant for over 6 months. Dr. Hirsch graciously offered to help us until we filled that vacancy. During this time, Dr. Hirsch has gone above and beyond to help our West Hawaii section. Not only has he been immediately responsive to any requests for consultation, he has also visited youth for us in programs and offered to fly to the Big Island to evaluate youth here. I feel his dedication is exemplary. He has never once made our staff feel like they were inconveniencing him by asking for his help. Our MHCC's have truly enjoyed case consultation with him and look forward to the scheduled phone consults he provides. His positive, supportive and straightforward manner is a model of how clinical Directors can interface with staff. And his willingness to roll up his sleeves and do whatever needs to be done is really refreshing and models what community mental health should be all about."

No matter how good you get you can always get better and that's the exciting part.
Tiger Woods

Evidenced Based Diagnosis in Pediatric Pharmacology Is Everyone Bipolar?

CAMHD will be conducting a symposium that goes beyond the disease of the month club to assist Psychiatrists, Pediatricians, Nurses and other mental health clinicians get a clearer understanding of the ramifications of accurate and inaccurate diagnosis for the youth and families we serve.

Does everyone have Bipolar Disorder?

How do we tease out Bipolar symptoms from those of ADHD and other mental health?

How do we use structured interviews to reduce diagnostic confusion?

What does the evidence base tell us?

Most importantly, what are the treatment implications for youth and families?

Evidenced Based Diagnosis in Pediatric Psychopharmacology
Wednesday
May 17, 2006
7:00—4:00
Sheraton Waikiki Hotel

Target Audience:
This symposium is designed for Psychiatrists, Family Physicians, Nurses and other Mental Health Clinicians as the focus is on the role and implications of diagnosis and psychopharmacological implications. The symposium is also open to (and welcomes) other helping professionals, parents and caregivers who feel they can benefit from the training.

Accreditation:
This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the Hawai'i Consortium for Continuing Medical Education and the Department of Health - Child and Adolescent Mental Health Division. The HCCME is accredited by the ACCME to provide continuing medical education for physicians.

Education Credits:
The Hawai'i Consortium for Continuing Medical Education designates this educational activity for a maximum of *6 AMA PRA Category 1 Credits* ™. Physicians should only claim credit commensurate with the extent of their participation in the activity

Registration Information:
Contact Rowan Tokunaga:
Phone: 808 733 - 9273
Fax: 808 733- 9875
Email: **rstokuna@camhmis.health.state.hi.us**

Seating is limited so please register early! Lunch and parking validation is provided!

Symposium Faculty

John O. Viesselman, M.D., Medical Director: Department of Heath - Child and Adolescent Mental Health Division

Bruce Chropita, Ph.D., Professor: University of Hawai'i Department of Psychology

Gabrielle Carlson, M.D., Director and Faculty: Stony Brook University School of Medicine Child and Adolescent Psychiatry

Cathy Bell, M.D., Clinical Director: Queens Family Treatment Center

Melissa Sinkus M.D., Clinical Director: Mokihana Project

Al Arensdorf, M.D., Clinical Professor: John A. Burns School of Medicine

Dan Ulrich, MD., Clinical Director: Central Oahu Family Guidance Center

Welcome to New Staff

Roger Perillo – Sentinel Events Specialist
Shelli Kim – Personnel Clerk
Patrick Nakasone – MIS
Sandra Freitas – Hawaii FGC Clerk Typist
Sarah Kaaiakamanu – Hawaii FGC Social Worker
Willie Kalei – Hawaii FGC MHCC
Kaleikapu Kamaka – Honolulu FGC Clerk Typist
Allan Nebrija – Leeward Oahu FGC MHCC
Rahkee Ward – Windward FGC Clinical Psychologist
Madeleine Hirga-Nuccio- Kauai FGC Branch Chief
Jacklyn Schofield – Kauai FGC MHCC
Michele Bacos—Maui FGC Stats Clerk
Amy Kaufman—Maui FGC MHCC

The mission of the Child and Adolescent Mental Health Division is to provide timely and effective mental health services to children and youth with emotional and behavioral challenges and their families.

Events of Note

April 8-11, 2006 National Council for Community Behavioral Healthcare Conference. Mary Brogan, MEd and Ana Rosal, MEd, Catholic Charities will present on *Using Quality Improvement Processes to Ensure Effective Treatment for Children with Serious Emotional Disturbance and Their Families: The Hawaii Model*

April 11, 2006, Transition to Independence Process (TIP) Conference, *Navigating Rough Waters: Transition Practices for Preparing and Facilitating Young People with Emotional/ Behavioral Difficulties into Adulthood Roles*
8 am—4:30 pm, Ala Moana Hotel, Garden Lanai

April 12, 2006—HTH 460-06-01 Contract Awards Issued

May 3, 2006 CAMHD/CEO Meeting—Honolulu Family Guidance Center 401
10:00 a.m.—12:00 p.m.

May 17, 2006— Evidence based Diagnosis in Pediatric Pharmacology, *Is Everyone Bipolar"*
7 –4 pm, Sheraton Waikiki Hotel

The CAMHD Newsletter is published bi-monthly by the Child and Adolescent Mental Health Division. It is provided for informational purposes only. Please send comments and questions to Ku'ulei Wilton, Provider Relations at (808) 733-9857 or hkwilton@camhmis.health.state.hi.us.

Please visit us on the Internet at www.hawaii.gov/health/mental-health/camhd/index.html

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